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NORFOLK COUNTY COUNCIL.

ANNUAL REPORT

OF THE

County Medical Officer of Health

AND

School Medical Officer

FOR

1923.

PART I.

17TH ANNUAL REPORT

OF THE

School Medical Officer

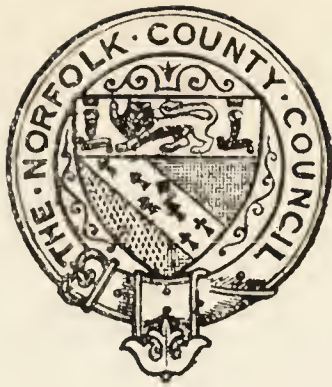
BY

J. T. C. NASH, M.D., C.M. (Edin.), D.P.H. (Camb.), C.M.O., etc.



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STATISTICAL SUMMARY.

LOCAL EDUCATION AUTHORITY : NORFOLK COUNTY COUNCIL.

Area of Administrative County	...	...	1,303,570 acres
Assessable Value of County for Special Purposes			£1,537,908
Population of County, Census 1921 (apart from Norwich, Yarmouth and King's Lynn, which have separate Education Authorities	...		322,932
Education Rate, 1923-24—			
Elementary $1/7$	{	1d. Rate producing	
Higher $2\frac{1}{2}$ d.		for Elementary Education	£6,408
		for Higher Education	£6,772
Average Number of Children on the Registers of the Public Elementary Schools in the Administrative County of Norfolk during the year 1923	...	...	45,604
Number of Elementary Schools under the Education Authority	...	...	489

The Shirehouse,
Norwich,
March, 1924.

I have the honour to submit herewith my Report as S.M.O. on the work of Medical Inspection and matters ancillary thereto during the year 1923.

1. **Staff for Medical Inspection.** The S.M.O. (who is also C.M.O.), is assisted by a S.A.S.M.O. (Dr. K. T. Williams), and four A.S.M.O.'s (Drs. N. Campbell, H. W. Sexton, H. S. Bryan, and M. C. Ferguson). Each Assistant S.M.O. has a defined area of work (Schools and School Clinics). Four School Dentists also have a defined area, and a travelling Dental Van suitably equipped for dental work. The ten School Nurses (who are also School Attendance Officers), have also defined areas, and regularly attend the Clinics in their respective Areas.

In addition to the above whole time Staff, a number of Medical Practitioners in the County experienced in Refraction work or Operative work for enlarged Tonsils and Adenoids, undertake such work on vouchers, supplied by the Education Committee. Included among the part time Medical workers, are four Ophthalmic Specialists, to whom are referred the more difficult Refraction cases.

Changes among the Staff during the year were: Dr. M. C. Ferguson, appointed 1/6/23 vice Dr. M. Hammond (resigned 31/3/23); and Nurse A. M. Williamson, appointed 22/10/23, vice Nurse Grimmer (resigned 13/10/23).

2. **School Clinics.** The Dental Vans form locomotive Dental Clinics. Six small Clinic erections fitted for treatment, serve for the treatment of minor ailments, and are situated respectively at East Dereham, North Walsham, Wymondham, Wells, Walsoken and Fakenham. Other Clinic Huts at Downham, Martham, Redenhall, Watton, Sheringham, Diss, Melton Constable, Hunstanton and Reedham, though not completely equipped, are occasionally used by the School Nurse, when visiting the Schools where they are situated, as they form a convenient retiring place for the treatment of such minor complaints as the Nurse can deal with at the time of her visit. The A.S.M.O.'s are responsible for the treatment at the Clinics in their respective areas, the treatment being applied by the Nurse, under the supervision of the A.S.M.O.

MINOR AILMENTS. Clinics were held weekly at the six equipped Clinics, which indicates that about 250 such clinics were held in the year.

REFRACTION CLINICS are held at many more Centres. In 1923, at 99 Centres, 176 Refraction Clinics were held.

Occasionally the Clinic buildings are utilised for Dental purposes, as when Extractions are done under a general anaesthetic administered by one of the A.S.M.O.'s.

3. **Local Care Committees.** Arrangements continue as outlined in previous Reports.

4. **Supervision of the School Medical Service.** Arrangements continue as outlined in previous Reports.

5. **Arrangements with Hospitals.** Arrangements continue as outlined in previous Reports.

6. **Co-ordination.** Arrangements continue for co-ordinating the School Medical Service with other branches of Public Health work; also with School Attendance.

I drew up a brief scheme of Remedial Exercises for co-ordinating the work of the Organiser of Physical Training, and the Organiser met the Medical Staff at one of the Quarterly Conferences of the Assistant S.M.O.'s, at the Shirehouse. Conferences of the Staffs of Dentists and Nurses are also held.

7. **School Hygiene.** Any Special Report made by the Assistant S.M.O.'s regarding any School in their respective areas is transmitted to the Secretary for consideration by the Committee. It is the duty of District Sanitary Authorities also to ensure due hygienic conditions in Schools in their area of authority. Any report made by a District M.O.H., would also be referred to the Secretary.

I am indebted to Mr. Bullen, Building Inspector of the Education Committee, for the following list of Alterations, Improvements, etc., to Schools carried out from 1st January, 1923, to 31st March, 1924.

NEW SCHOOLS.—Deopham P., Fakenham Secondary.

STRUCTURAL ALTERATIONS.—Alpington (Offices), Holt Mixed (Offices), Loddon (School and Offices), Shotesham (Offices).

LIGHTING AND VENTILATION.—Holt Mixed, Shotesham.

DRAINAGE AND LAVATORIES.—Blofield, Walpole Cross Keys.

PARTITIONS.—Diss Victoria Road, Hevingham, Terrington Boys, Tilney St. Lawrence.

HEATING.—Beetley, Freethorpe, Hunstanton New, Loddon.

PLAYGROUNDS.—Blofield, Burnham Westgate, Caister Mixed, Caister Infants, Dunham Great, Dunton-cum-Doughton, Filby, Foulsham, Hilgay Ten Mile Bank, Hindolveston, Horning, Hunstanton New, Melton Little, Pentney, Postwick, Repps, Swanton Abbot, Thetford Girls, Tilney St. Lawrence, Thornham, Walsham North, Walsoken Norwich Road, Wicklewood, Wiggshall Magdalen, Wymondham Central, Wymondham Silfield.

RENOVATIONS WERE CARRIED OUT TO :—3 Secondary Schools, 61 Provided Schools, 9 Non-Provided Schools, 38 Teacher's Houses.

DENTAL VANS OVERHAULED.—Nos. 1, 2 and 3.

8. **Medical Inspection.** The Board of Education has somewhat modified the Tabular Returns required.

(a) The routine Medical Inspection figures are given in Table I. Entrants numbered a few more than in the previous year. The reduced birth-rate during the War is still in evidence in the number of children of four and five years, who were presented for Medical Inspection.

It will be seen from Table (I.) that a total of 14,444 underwent routine medical inspection; an additional 2,322 were seen as "Special" Cases, while a further 7,256 found defective at previous medical inspections were re-examined, making a grand total of 25,011 children individually medically inspected, whether as "routine" or "special." In addition to this, in the course of the year in connection with the investigation of outbreaks of infectious diseases, many hundreds pass under my personal observation.

(b) The Board's Schedule was fully followed.

(c) Early Ascertainment of Crippling Defects. In former Annual Reports I have recorded how these cases are noted in a Special Register.

9. Findings of Medical Inspection. (Table II.)

(a) MALNUTRITION. As in 1922, about 1 per cent were referred for treatment in 1923, but as I anticipated in my last Report, the tendency since the fall in Agricultural wages is towards an increase.

(b) UNCLEANLINESS. A very satisfactory reduction in the numbers of lousy children is noted. Out of 14,444 routine children inspected, only 91 were referred for treatment. This is only 0.63 per cent., as compared with 11.69 per cent. in 1909, which was the percentage of "nitty" heads, while in as many as 2.5 per cent., actual living vermin were found. In 1910, the percentage of "nitty" heads was reduced to 10. In 1912, when systematic work was being done by our arrangements for procuring greater cleanliness, the percentage of "nitty" children found in routine inspection was reduced to 7.61 per cent., and of living vermin to .08 per cent. Last year (1922), the percentage of routines requiring treatment had been reduced to 0.78 per cent., so that activities of our School Nurses are bearing material results, to the benefit of the children in our Schools. The Assistant S.M.O.'s pay tribute to the keenness and efficiency of their School Nurses; and Dr. Bryan remarks that there appears to him to be a distinct improvement in the cleanliness of the children, as compared with even only twelve months ago, and this opinion applies to all areas as shown by the continued reduction in "nitty" heads referred for treatment.

(c) SKIN DISEASES. The continued diminution in the number of cases of *Ringworm* found among "routines," again favours the scheme which permits attendance of such cases at School, under our Ringworm regulations. *Scabies* was also less in evidence.

(d) EYE AFFECTIONS. 173 children were referred for treatment for Blepharitis.

(e) DEFECTIVE VISION. 790 children under routine inspection were referred for treatment, another 665 to be kept under observation. These figures confirm the opinion I gave in my last Report, that there was reason to think that in one area there should have been more cases referred for treatment last year.

(f) EAR AFFECTIONS. Only four children were referred for treatment on account of *Defective Hearing*; seven others for observation. For *Otitis Media* only four children for treatment, and 55 for other Ear Diseases.

(g) AFFECTIONS OF NOSE AND THROAT. 224 "routines" were referred for treatment for Enlarged Tonsils, 59 for Adenoids and 39 for Tonsils and Adenoids.

(h) **HEART AND LUNG AFFECTIONS** (not including Tuberculosis). The numbers recorded as requiring treatment are inconspicuous. A later paragraph (page 17), explains the large number of heart cases for observation.

(i) **TUBERCULOSIS.** No case of definite Pulmonary Tuberculosis was found among the "routines," but 62 "suspects" were referred to the Tuberculosis Officer. As regards non-Pulmonary Tuberculosis, 35 cases were referred for treatment (glands 21, osseous 8, other forms 6).

(j) **AFFECTIONS OF THE NERVOUS SYSTEM** were small in numbers.

(k) **DEFORMITIES.** Fourteen cases of Rickets, 24 Spinal Curvature and 30 other forms were noted during routine inspection for treatment.

10. **Dental Defects.** The total number of children inspected in 1923 was 19077, the results being duly noted on special dental cards. Of these, 13,120 required treatment. Parents consent having been obtained, 6,431 received treatment under the Local Education Authority's Scheme; 3,772 being re-treated as the result of periodical examination. Treatment generally immediately follows inspection at each School, the Dental Van being fitted up as a Clinic. 9524 attendances were made by children for treatment. In addition to a very large number of necessary extractions when teeth were past saving, 4721 fillings were effected. General anæsthetics were administered on 29 occasions.

11. **Infectious Diseases.** The methods adopted for many years past in dealing with out-breaks in Schools, have proved very useful, not only in relation to the Schools, but to the general population.

The School Medical Officer and District M.O.H., have been enabled to concentrate attention on suspected children, and systematic medical inspection of other children in the Schools, in connection with outbreaks, has frequently led to the discovery of yet other units of infection hitherto unsuspected. Suitable preventive measures have followed as the result of this medical discovery of hitherto unsuspected children. In my opinion, this organised search for, and discovery of, hitherto unrecognised units of infection, is of considerably more value than hospital isolation as a means of limiting the spread of infectious disease; but adequate hospital isolation of selected cases, under skilful administration, is of course a preventive method of value.

Not 5 per cent of notified cases in the administrative County of Norfolk obtain hospital isolation. This fact enhances the value of the medical discovery of unrecognised units of infection, by personal medical inspection of School children by a medical man who has had ample experience (fever hospital, laboratory, etc.) in dealing with infectious diseases.

The M.O.H. of the district in which a school lies, is responsible for issuing the certificates of exclusion of children and contacts; and, in due time issuing the certificates which permit of the return to school of such excluded children. In connection with outbreaks of Measles, when from information to hand, it seems desirable for a Nurse Health Visitor to make house to house visits, with the object of assisting and advising mothers in the nursing of children, I make arrangements for this purpose. Small leaflets are issued to the teachers for distribution among the parents in connection with each form of infectious disease. As regard closure of Schools, the line of action outlined in the Joint Memorandum of 1909,

continues to be followed. Influenza generally demands speedy closure, but as a rule only for a week or two. If a School has to be closed for Whooping Cough, it usually means a closure for several weeks.

It is worthy of note that no Schools were closed for Diphtheria in 1923, and only 3 in 1922.

CLOSURES UNDER ARTICLE 45 (B).			
Closed on advice of S.M.O.	...	...	180
„ „ of District M.O.H. with subsequent approval of S.M.O.	...	...	1
Total			181

(This total includes 22 closures of Departments only).

No Schools were closed under Article 57.

Diseases responsible for School closure were :—Measles 101, Influenza 25, Scarlet Fever 11, Whooping Cough 19, Mumps 9, Colds, etc., 4, Chicken Pox 1, Mixed Infections 11.

6802 children were temporarily excluded or re-excluded under Art. 53 (B) on account of infectious complaints.

The Shick Test has not yet been applied in connection with Elementary Schools, but an opportunity occurred which enabled me to recommend its adoption in connection with a Grammar School. The Ministry of Health deputed Dr. S. M. Copeman, F.R.S., to apply the test by means of which it is possible to determine those whose natural immunity against Diphtheria is small. The natural corollary is to immunise such by means of toxin-anti-toxin injections. Although a considerable percentage of the boys at the Grammar School gave a “positive” reaction, the parents of only a few agreed to have them immunised, and this, notwithstanding that they could have secured this for an inconsiderable sum. To apply the test (and subsequent immunising injections for those requiring them) to all Elementary Scholars, would involve considerable expense and time, and I am of the opinion that the time is not ripe for wholesale action of this sort, but, circumstances may arise in connection with any particular School, where the S.M.O. may feel justified in recommending its adoption.

12. **Co-operation of Parents.** The following percentages of parents availed themselves of the opportunity of being present at the Medical Inspection of their children during 1923.

Entrants, 67.04 per cent. Leavers, 34.83 per cent. 8-9, 30.56 per cent. Other age groups, 25.38 per cent.

When parents do not attend they are informed in writing as to any defects, and members of Local Care Committees interview them. They have become accustomed to the routine.

13. **Co-operation of Teachers, School Attendance Officers and Voluntary Bodies.** I have nothing to add to the deservedly appreciative remarks in former Reports.

14. **Blind, Deaf, Defective, and Epileptic Children.** Ascertainment of defect continues. Children ascertained to be incapable by reason of mental defect of profiting by instruction in special schools are certified to the Local Control Authority for custodial care. Fifty places are reserved for Norfolk children at the East Anglian School, at Gorleston, for the Blind and Deaf.

15. **Medical Treatment.** *Review of the Medical Services used or available for treatment of Defects in School Children, apart from treatment directly provided by parents.*

The arrangements remain as outlined in my Report for 1922.
 Work done under these arrangements in 1923.

		Refraction Work.	Operation T's & A's.	Minor Ailments.
(a) Vouchers issued :—				
General Practitioners	...	47	...	74
Specialists (Ophthalmic)	...	66	...	—
Hospitals	...	—	...	46
(b) By Whole-time Medical Officers		789	...	—
				1909
Totals	...	902†	120‡	1909*

†5 Vouchers still outstanding.
 ‡35 Vouchers still outstanding.

*In addition to cases treated at the Clinics, 1904 children were treated by the School Nurses in the Schools or at the homes of the children.

EYE CLINICS FOR DEFECTIVE VISION. (1). During 1923, 176 Refraction Clinics were held by the School Medical Staff at 99 centres.

At these there were examined by retinoscopy and prescriptions for glasses were issued	...	...	...	...	789
Number of spectacles provided	...	...	...	...	631

(2). Vouchers for prescriptions of glasses by specialists and approved private practitioners as per scheme—

Number of vouchers issued (January—December)	...	...	113
„ Glasses provided	...	...	91
„ Not recommended for glasses	...	...	14
„ Glasses provided upon prescription by a private doctor	...	...	19

OPERATIONS FOR TONSILS AND ADENOIDS. 244 children are known to have received operative treatment during the year 1923; 92 of these operations were performed through the Authority's Treatment Scheme.

Seventy-four vouchers were issued for operations by approved practitioners in accordance with the Authority's scheme.

At the West Norfolk and Lynn Hospital, 27 other children attending Elementary Schools in the County were operated upon, though these were not referred for treatment as a result of School Medical Inspection.

TUBERCULOSIS. Children with definite or suspected Tuberculosis were referred to the Tuberculosis Officer for special examination. Twenty-nine children (under 16 years of age), were receiving Sanatorium Treatment as

definite or suspected cases of Tuberculosis requiring such treatment on January 1st, 1923. Eighty more such cases were admitted to Sanatoria during the year, 14 of these being Non-Pulmonary Tuberculosis. Thus 109 children (67 boys, 42 girls), had Institutional Treatment during the year. In addition 204 children (74 Non-Pulmonary) were under domiciliary treatment. In 24 of the cases in Institutions the disease was "arrested" or "cured," and in 24 others their condition is reported as "improved." There was one death among those receiving Institutional Treatment.

With regard to those receiving Domiciliary Treatment, which include cases too advanced for Sanatorium Treatment, the disease was "arrested" or "cured" in 9 cases. Eight deaths (7 Pulmonary) occurred.

On December 31st, 1923, there were remaining in Institutions 53 children (9 Non-Pulmonary), and 159 children (56 Non-Pulmonary) were under Domiciliary Treatment. These figures include all children under 16 with *suspected* as well as definite Pulmonary Tuberculosis. In his Report, Dr. Bryan says: "The working of the Tuberculosis Scheme is most satisfactory. Even in the short space of a year, I have discovered children with Phthisis; referred them to the Tuberculosis Officer who has obtained Sanatorium Treatment for them, and have seen them back in School apparently cured. It is very helpful to get an expert opinion on a doubtful case."

THYROID TREATMENT. In August, 1919, the sanction of the Board of Education was obtained to the use of Thyroid Extract in certain cases selected by the S.M.O. for such treatment. The following Report was made to the Board towards the end of 1923: "The satisfactory results in the case of Parenchymatous Goitre justify the use of this remedy in similar cases. If the patient cannot afford to pay for treatment independently, the Education Committee supplies the Thyroid, and hitherto I have been able to secure the kind co-operation of the family doctor in supervising the child while under treatment. The child is also re-examined from time to time by the Assistant S.M.O., who recommended the case for treatment.

Why was it suggested to use Thyroid treatment in certain cases?

- Because (1) There was experimental evidence of the effect produced in man and other animals by removal of the Thyroid gland.
- (2) There was evidence of the effects of Thyroid feeding.
- (3) Chemical investigation of Thyroid Colloid shewed that the active principle—Iodothyrim—has the characters of a globulin which contains a variable proportion of Iodine.
- (4) A chief function of the Thyroid is to control the Iodine metabolism of the body.
- (5) The beneficial effect of Iodides on Gummata and Arterio-sclerosis is really the increased internal secretion of the Thyroid gland.
- (6) Thyroid Extract has a wonderful power over young connective tissue as is seen by the way in which it absorbs the Subcutaneous thickening of Myxoedema and Cretinism.

It was decided to try the effects of Thyroid treatment on certain cases of mental deficiency, of epilepsy, infantilism and goitre.

As regards mental deficiency, epilepsy and infantilism, it was not expected that more than a small proportion of improvement could be effected. Obviously we could not expect an increase in the number of brain convolutions, or of the grey matter entering into their composition, but we could expect an absorption of young connective tissue which might be lessening the value of such small amount of grey matter as existed. I think our results justify the use of Thyroid for this purpose. The cases in which Thyroid was given improved mentally to a point—the point being the limitation in the amount of grey matter actually present.

As regards Parenchymatous Goitre, the enlargement (goitre), being designed by nature to enable the Thyroid to obtain sufficient Iodine from the blood, which for some reason is deficient in Iodine, Thyroid containing Iodothyryn by enabling the more rapid absorption of Iodine in the form of the essential constituent of the internal secretion of the Thyroid gland should result in a diminution of the enlargement. This effect was achieved in the case where Thyroid treatment was given.

The undermentioned cases have been under Thyroid treatment since 1st January, 1921 :—

Mental Defectives	...	...	4	Cretin	...	...	...	1
Epilepsy and Mental Retard-				Goitre	...	...	...	1
ation	...	...	1	Infantilism		...	...	1
Rachitic Retardation and								—
M.D.	...	...	1	Total	...	...	...	10
Undeveloped	...	...	1					—

The following is a brief report giving the result of the treatment of each cases—M.D. cases (4 cases) :—

Cases 1 and 2 started Thyroid in November, 1919. Case 1, who has left School, was last examined on 25th May, 1922, and report was “No doubt as to benefit.” The other child is still under treatment and was reported on 2nd May, 1923, to be making slow progress.

Case 3. Treatment was started in October, 1919, and child left School in 1921. The last report was “Certainly benefitted mentally, brighter and more dependable, growing normally; firm increase in weight, 9lbs. and two inches in height in 11 months.”

Case 4. Began treatment in April, 1921, and was reported to show some physical and mental improvement, but still backward in talking. Not now under treatment.

Undeveloped.—Treatment commenced, November, 1922; left School, Summer, 1923.

Cretin.—Treatment commenced, June, 1923, still under treatment.

Goitre.—Treatment commenced April, 1920. Last report March, 1921, “left side normal, right almost so.” Has left School.

Infantilism.—Treatment commenced February, 1921, ceased September, 1921. Last report “greatly improved.”

TREATMENT OF DEFECTS WHICH DO NOT FALL UNDER THE LOCAL AUTHORITY'S
TREATMENT SCHEME.

(Compiled from Reports received from Local Care Commillees).

DEFECT.	No. of children referred in the Medical Log Books for treatment in 1923.	No. of children treated.	No. where no treatment obtained.	No. where no report has been received.	No. where children have left School.
Malnutrition, Under-weight and Anæmia	238	131	18	81	8
Nervous System ...	5	3	—	2	—
Deformities ...	58	22	17	18	1
Lung Affections (Non.Tb.) ...	63	39	5	17	2
Heart Diseases ...	24	17	1	5	1
Other Defects ...	190	88	57	38	7

16. **Work of School Nurses.** Ten School Nurses are employed directly by the Education Committee. Approximately 9/10th of their time is devoted to medical work, the remaining 1/10th being occupied with attendance duties.

(a) SURVEYS OF CHILDREN FOR UNCLEANLINESS.

Number of visits to Schools	...	...	...	3210*
Average number of visits made to each School visited				6.5
Total number of Children examined	...	...	...	160,647
Number of individual Children found unclean (<i>i.e.</i> , vermin or nits)	...	...	...	6208
Number of Children excluded at the Nurse's visits	...	...	...	476
Number of Special Warning Letters <i>re</i> Nits sent to parents	...	...	...	291
Number of Letters sent on First exclusion	...	...	...	299
Number of "Final Warning" letters sent to parents	...	...	...	166
Number of homes visited	...	...	...	914
Result of "following up"—				
Clean	...	...	...	2125
Improved	...	...	...	3350
Unsatisfactory	...	...	...	281

*Includes 1526 complete surveys of all children in School.

In 54 Schools, on 85 occasions, all the children were found quite clean, *i.e.*, free from nits as well as from live vermin. The above figures show more work and improved results as compared with the previous year.

The School Medical Inspectors bear testimony to the improvement in the cleanliness of the children which they ascribe to the work of the School Nurses.

VERMINOUS PROSECUTIONS. Thirty-seven prosecutions for absence occasioned by uncleanliness were taken under the Attendance Bye-Laws. Fines amounting to £10 18s. 6d. were inflicted, viz :—

£1	10/-	9/-	7/6	5/-	3/4	2/6	1/-	Attendance Order	Withdrawn
4	7	1	1	4	3	8	2	6	1

(b) MINOR AILMENTS.

(i) TREATED AT SCHOOL CLINICS. Clinics have been held weekly throughout the year at the six centres authorised by the Board of Education. An Assistant School Medical Officer attends once a month and supervises the work of the School Nurse, who attends weekly. The following is a summary of the work performed at the six equipped Clinics :—

DISEASE.	RESULT OF TREATMENT.				
	No. of <i>Individual</i> children treated,	No. cured.	No. still to attend.	No. left or refused treatment.	Total attendance at clinic.
Impetigo ...	256	238	18	—	884
Scabies ...	9	8	1	—	41
Ringworm—Scalp ...	29	12	17	—	405
„ Body ...	32	30	2	—	166
Other Skin Diseases ...	215	191	20	4	1123
Minor Injuries ...	704	686	15	3	1121
Discharging Ears ...	37	16	17	4	462
Other Ear Diseases ...	8	6	1	1	41
Blepharitis ...	62	42	8	12	538
Conjunctivitis ...	8	6	2	—	120
Other Eye Diseases ...	6	4	2	—	52
Enlarged Glands ...	29	5	24	1	322
Rhinitis ...	3	2	—	—	32
Miscellaneous ...	511	504	6	1	780
Total ...	1909	1750	133	26	6087

(ii.) TREATED IN SCHOOLS OR AT HOME. The equipped School Clinic hutments continue to serve only the Schools in the small towns in which they have been erected. Children in other Schools are followed up by the School Nurses (and where necessary treated), at their own Schools or in their homes. During the year the following cases have been dealt with :—

DISEASE.	No. of children followed up	DISEASE.	No. of children followed up.
Impetigo ...	488	Minor Injuries ...	359
Scabies ...	49	Ear Disease ...	83
Ringworm—Scalp ...	390	Eye Disease ...	234
„ Body ...	93	Miscellaneous ...	188
Other Skin Diseases ...	20		

17. **Crippling Defects.** Increasing institutional provision is being made by the Public Health Committee for Tuberculous defects. Sir Hamilton Ballance, on my personal application has most kindly arranged to have some children admitted to the Norfolk and Norwich Hospital under his care for operative measures, but, in order to deal adequately with all the cripples, they should first be seen by an Orthopædic Surgeon, and the requisite treatment for each determined and provided. There are not sufficient special institutions or beds in existence to accommodate all requiring institutional treatment, and will not be unless by combination.

18. Physical Training.

Education in health matters is increasingly becoming recognised as more important than mere instruction in the three R's. “*Mens sana in corpore sano*” is not merely a Latin tag. It requires, and is receiving serious consideration. Indeed, until the pre-eminence of arrangements for a sound and

healthy body is sufficiently recognised, a good deal of the money spent on what has hitherto been termed education, is literally thrown away, for without healthy conditions of body, the development of the mental and moral faculties is apt to be seriously affected. "*Sanitas, Sanitatis omne Sanitas.*" During the present Century the State has been gradually and progressively recognising its own vital interest in the physical condition of the children of the Nation. It was realised that ill-nourished children could not be expected to profit adequately by the education given in Public Elementary Schools. Hence the Education (Provision of Meals) Acts, of 1906 and 1914. The Education (Administrative Provisions) Act, 1907, imposed upon Authorities the duty of undertaking the medical inspection of children, and empowered them to provide play centres, or other means of recreation, and to make such arrangements as might be sanctioned by the Board of Education for attending to the children's health and physical condition. These powers and duties were extended by the Education Act of 1918, and new powers were given for holiday or school camps, centres and equipment for physical training, playing fields, school swimming baths, etc.

An Official Syllabus on Physical Training was issued by the Board of Education in 1904. This was revised and extended in 1909, and a new edition in 1919 contains important additions and modifications, one chapter dealing with the physical training of children under seven years of age. The Board pressed for the appointment of competent persons to organise and supervise physical training, with a view to the immediate bodily and mental growth of each individual, and to encourage the formation of habits of recreation to form the groundwork of healthy exercise in after life. Tables of graded exercises have been incorporated in the Board's Syllabus to suit varying ages and capacities.

The Report of the Committee's Organiser of Physical Training indicates that the children are happier, and more alert than when he began work in Norfolk two or three years ago. The School Medical Inspectors confirm this. This is the crucial test of the successful teaching of physical training. Of course, full results cannot be expected where other conditions are lacking such as a sound inheritance, careful nurture, adequate nutrition, hygienic conditions both at School and at home, all essential to a satisfactory environment. When these are supplied a full measure of return may be expected in the improved physique and mentality of individuals to the advantage of the Nation. Better results may be expected intellectually in the later years of School life if the earlier years get a full share of physical training and recreation. Young school children (like other young animals), benefit more by sufficient outdoor recreation, than by confinement in the School room. Ordinary book education will be more easily acquired in the later years of School life, if body, mentality and character have been duly cared for, aided by the instrumentality of well organised physical training exercises and recreational education.

I append to this Report a precis of the Annual Report of the Committee's Organizer of Physical Training, which deserves careful perusal as evidence of well spent time and money in the interests of health and education. So important are physical exercises that they are preventive of deformities in some children, and they may be used, with or without modification, as remedial exercises especially in cases of incipient lateral Scoliosis, flat feet, etc. I have therefore drawn up a simple broad scheme, whereby the Assistant S.M.O. gives definite instructions to the Head Teacher in connection with particular scholars needing special remedial exercises, or modification

of Syllabus Exercises, while on his part, the Head Teacher brings before the Assistant S.M.O., any children who appear to be unable to do their Class Exercises, or any pointed out by the P.T. Organiser as requiring to be seen by the School Doctor. The attention of the P.T. Organiser is drawn to such children when he next visits the School, and the Assistant S.M.O. in due time re-examines these children and notes the effect of his advice. In this way co-ordination will be established and a remedial use made of the physical exercises. The P.T. Organiser attended a conference of the School Medical Inspectors early in 1924, and demonstrated some of the more important exercises which might be used remedially, and took part in a useful discussion. To complete and facilitate co-ordination a copy of the Board of Education's Syllabus of Physical Training for Schools (1919), has been issued to each School Medical Inspector. The School Doctors may occasionally find it necessary to suggest some modification of the exercises in use, or even some entirely new form of exercise in a remedial sense, in connection with individual children; such being based on their expert anatomical, physiological and surgical knowledge as applied to a particular child suffering from some defect.

But, since the chief effect of suitable physical exercise is to improve the general nutrition of the body, that is the general activity and functions of its various tissues, the general effect of the introduction of physical and recreative exercises into the curriculum of the School should tend to reduce the numbers of those requiring any such modification. As regards mentality, also it may be stated broadly, that healthy physical growth is essential to intellectual growth.

PHYSICAL EXERCISES IN RELATION TO MEDICAL SUPERVISION OF SCHOOL CHILDREN. It has already been noted that physical exercises and recreational exercises are of immense general benefit to the future men and women of the Nation; that exercises may be preventive of certain faults, and may be of distinct remedial advantage in connection with certain incipient or actual deformities. It has also been shown under the heading of Heart Affections, that some medical discrimination is essential in the application of physical exercises for children with weak heart muscles, though the majority of chronic heart cases do well with light exercises under adequate care and observation. Children with other affections, such as Migraine, as Asthma, or even a tendency to nose-bleeding may often need to be debarred from physical exercises. Girls about the time of puberty who are easily exhausted or suffer from emotional attacks, or from headache after the exercises, should also be excused until the teacher has had the advice of the School Doctor or other Medical man.

PRECIS OF REPORT OF ORGANISER OF PHYSICAL TRAINING, for the year ended, December 31st, 1923 :—

	Schools.	Demonstrations.
Visited for the 1st time	71	288
Visited for the 2nd time	273	796

In addition to these there were 52 other Schools visited for the second time, which had to be dealt with as first visits, because of partial or entire change of Staff. At these 52 Schools, 162 demonstrations were given.

Thus in 1923, 396 Schools were visited, and 1,246 demonstrations were given by the Organiser of Physical Training.

TEACHERS' CLASSES were held at Great Yarmouth, Downham Market, Wymondham and Attleborough, as Centres for the surrounding areas.

Course.	No. in class.	No. of lessons.	Average attendance.	Course commenced.	Course concluded.
1 Great Yarmouth	35	12 (2 hrs.)	10.04	13.1.23	14.4.23
2 Downham Market	24	10	9.37	28.4.23	14.7.23
3 Wymondham and Attleborough	25	10	8.96	29.9.23	1.12.23

PUPIL TEACHERS' CLASSES were held at Norwich, Melton Constable, Downham Market, East Dereham and Fakenham, and averaged over nine lessons at each.

The O.P.T. bears witness to the enthusiasm exhibited, and to the improved physique and general activity. A special point is made of "Team Work," which fosters a spirit of friendly rivalry, which is all to the good, and the Organiser's expectations have been exceeded. The practical work among the Pupil Teachers, reached a very high standard, which is of good augury for the future.

The O.P.T. again draws attention to the too heavily clad and shod children; the unsuitable attire for Mixed Class work of many girls; the very unsatisfactory condition of many playgrounds; the lack of floor space in many Schools for indoor work; the unsuitability of many desks for the children who have to use them; the scarcity of playing fields and of games material; which hampers the advancement of physical and recreational Education.

The O.P.T. again draws comparison between boys and girls, and between children living in scattered or compact areas as briefly indicated in my Report for 1922, pages 13 and 14. Children who live in country districts and have to travel a mile or more and yet be in School by 9 o'clock, are apt to come to School eating their scanty breakfast on the way. Some have to remain at the School for the mid-day repast, because of the distance from home, and a very sorry repast it is for some. Many teachers with the aid of other persons locally interested in the children have kindly made arrangements for supplying the scholars, who have to remain at School during the dinner hour, with hot cocoa. Unless a child is adequately fed, physical exercises may not only be of no use, but may be even harmful.

19. **Secondary Schools.** (including P.T. Centres).

Inspections were made of Entrants, Leavers, and Intermediate Groups. 406 Entrants, 68 Leavers, and 838 other scholars received Routine Medical Inspection, while 13 were seen as "Specials," and 276 were re-examined. In all 1601 scholars were inspected, as compared with 1440 in 1922.

The Local Authority are considering the question of extending their Scheme of Dental Treatment to the Secondary Schools.

20. **Miscellaneous Work.** Thirty-one swabbings of throats or noses in connection with control of infectious disease were examined. Six hundred and fifty-two specimens of hair were examined for ringworm, of which 420 were positive. (These of course included re-examinations).

Seventy-three candidates for the teaching profession were examined and reported upon, as well as 46 Supplementary Teachers and 11 candidates for Nursing Scholarships.

21. Exclusion of Children.

(a) Statement of Number of Children, including Contacts, temporarily excluded and re-excluded from School during 1923.

Infectious Diseases—

Diphtheria	...	...	107	Influenza	...	...	491
Mumps	...	...	659	Coughs and Colds	...	...	767
Chicken Pox	...	...	762	Sore Throats	...	...	170
Scarlet Fever	...	...	398	Whooping Cough	...	...	929
Measles	...	...	2488	German Measles	...	...	21
Erysipelas	...	...	2	Rash	...	...	13
Typhoid Fever	...	...	5				

Contagious Affections—

Ringworm of Scalp (until rules are complied with)	...	...	208	Scabies	...	...	98
Pediculosis	...	...	747	Ringworm (body)	...	...	7
				Impetigo	...	...	289

Other Diseases (generally from Certificate issued by Family Doctor)—

Lung Affection (not tubercle)	...	...	153	Jaundice	...	...	3
Tuberculosis—Pulmonary*	...	...	15	Rheumatism	...	...	14
„ Non-Pulmonary	...	...	27	Chorea	...	...	22
Tonsilitis	...	...	32	Anæmia	...	...	38
Epilepsy	...	...	4	Debility (General)	...	...	100
Pneumonia	...	...	11	Otorrhœa	...	...	12
Heart Disease	...	...	3	Nephritis	...	...	11
Eye Affections	...	...	14	Other Affections	...	...	719

*Includes 7 Suspected Cases.

(b) Particulars of Permanent Exclusions issued in 1923.

Mental Deficiency	...	...	5	Incontinence	...	...	1
Lung Affections (not tubercle)	...	...	1	Fractured Leg	...	...	1
Epilepsy	...	...	1	Asthma	...	...	1
Tuberculosis—				Endocarditis	...	...	1
Pulmonary	...	...	5	Heart Disease	...	...	4
Pre-tubercular	...	...	5	Hemiplegia	...	...	1
Other	...	...	3	Paralysis	...	...	1
Anæmia	...	...	1	Deaf	...	...	1
Dysmennorrhœa	...	...	2	Nervous Debility	...	...	2
Tachycardia	...	...	1	Lymphadenoma	...	...	1

Total Permanent Exclusions during the year—38.

J. T. C. NASH,

School Medical Officer.

ADDENDA.

Report upon Special Investigations undertaken in 1923.

A.—HEART AFFECTIONS. The Assistant S.M.O.'s were invited to report on this defect as it came under their observation in the course of Medical Inspection during the year. Incidentally it brings under review such primary causes of temporary or organic heart affections, as infective diseases (Measles, Diphtheria, Scarlet Fever, Rheumatic Fever, etc.), Chorea, and Malnutrition. In debilitated, mal-nourished children, dilatation of the heart is apt to occur, when the child appears ill and fatigued without apparent cause. Breathlessness, rapid pulse and disinclination for exercise, give reason for suspicion and for watchful observation. Heart disease is the commonest cause of hospital deaths of children between eight and fifteen years of age. Children after attacks by Influenza, Diphtheria, Scarlet Fever, Measles, Rheumatic Fever, and such like Zymotic Diseases require care, especially in the matter of physical exercises. Rheumatism may be indicated by frequent tonsillitis, chorea, growing pains and anæmia, so all such cases require careful watching. Even if there is no organic valvular heart disease, weakened heart muscle is liable to result in dilation. Great store being properly placed on physical exercises, and games for school children, it becomes all the more necessary to see that only children physically fitted for certain exercises should be allowed to undertake them. Children with any suspicion of heart affection should not undertake such exercises as stoopings or body bendings or vigorous movements. They must be restricted to the lightest exercises until the heart muscle is adequate to stand the strain.

The special attention given to heart affections, during 1923, has resulted in many cases being recorded. Probably quite half of these cases are merely temporarily incapacitated by weakened heart muscle, which will recover in due time with proper care. The severe cases requiring institutional care (as in a residential School for Cripples) probably do not exceed eight to ten in number. Mere rapidity of pulse (that is heart beat) is usually only a nervous phenomenon, but alterations in rhythm require closer investigation. Dr. Bryan found two cases of marked irregularity in two small boys, aged seven and eight and traced the trouble to cigarette smoking. Anæmia will often give rise to cardiac murmurs, probably merely due to poverty of the blood, though soft faint systolic murmurs are occasionally heard in children who are quite healthy. Dr. Bryan has observed that compression of the right external jugular vein often causes such murmurs to disappear, suggesting that the murmur is venous in origin.

Actual V.D.H. (Valvular Disease of the Heart), is comparatively uncommon among Norfolk children. The disease is generally either (1) congenital or (2) rheumatic origin. Dr. Bryan remarks that the congenital cases attending School, are as a rule less severe, and of better prognosis than the rheumatic cases, the symptoms and physical signs often disappearing in the course of time. I have already indicated how, apart from acute Rheumatic Fever, Rheumatism may be indicated. Dr. Bryan mentions two girls of 12

with V.D.H., who, at previous Medical Inspections, had records of normal hearts, but enlarged tonsils had been noted, and removal advised, but without result. V.D.H. had developed without any other evidence of Rheumatic Fever. The rheumatic poison appears to affect the mitral valve of the heart most frequently rendering it incompetent (generally), or stenosed (occasionally). Parents and teachers are advised as to care and dangers. Enlarged hearts are occasionally noticed in young athletes and in younger boys who are strenuous in prolonged exercise at games. These are merely cases of compensatory hypertrophy. Any such found, are advised to take their pleasures a little less strenuously. Simple dilatation of the heart has been observed by Dr. Bryan most frequently in the 8-9 age group, affecting girls even more than boys. These children are usually suffering from malnutrition or anæmia, and very often have suffered from recognised or unrecognised diphtheria. Dr. Bryan observed that in some Schools he would find several cases, and on investigation would find that the affected children had either had diphtheria, or croup, or sore throat followed by weakness which was very suggestive of a "missed" case of diphtheria.

B.—JAW MALFORMATION AND ITS CAUSES.—Summary of some further remarks and statistics resulting from observations carried out by Percy Millican, L.D.S.

Mr. Millican briefly reviews recognised causes of Jaw Malformation :—

- (1) Heredity.
- (2) Malnutrition.
- (3) Habits such as thumb sucking, comforters, etc.
- (4) Nasal obstruction.
- (5) Rickets.

Heredity shows itself most frequently in malformation of the mandible often causing inferior protrusion due to an abnormally large mandible. On the other hand, as was pointed out last year, cases were met with in which the parent shewed *superior* protrusion, or other maxillary abnormality, yet the child's maxilla was normal. The converse was also observed.

In most of the latter cases, however, the parent and child were born and had lived in different localities for the first few years of their lives. (For further remarks on heredity see later).

MALNUTRITION was emphasised by Mr. Nixon in his Report last year. Children habitually eating soft food tend to jaw deformity through lack of muscular development.

HABITS are directly mechanical in effect.

CHRONIC NASAL OBSTRUCTION is undoubtedly an important cause of jaw abnormality. (Note Mr. Cairn's observations last year). Chronic nasal catarrh involving the collection of mucus in the nasal passage, or inducing adenoids and enlarged tonsils interferes with the respiratory function of the nose, and induces a habit of mouth breathing.

Even a short period of nasal obstruction in a young child, may induce this objectionable habit. Mouth breathing leads on to :—

- (1) Hindrance to the development of nose and palate, causing deformity of jaws and misplacement of teeth.
- (2) Chronic gingivitis in the incisor region of the mouth, and if untreated, to pyorrhœa in later years.

- (3) Other effects such as insufficient oxygenation of the blood may also affect jaw development.

The exact influence of heredity on deformity of the jaws and associated diseases is difficult, if not impossible to ascertain. We know, however, that heredity gives rise to pre-disposition to disease, and should this disease be of such a nature as to cause chronic nasal obstruction, we can conclude that, in some cases, heredity is indirectly the cause of jaw deformity, *always provided that the general local conditions for both patient and his ancestors remain similar.*

Several cases of special interest were noted, which tend to show that diseases of the respiratory system in infancy cause not only deformity of the jaws, but deformity of the teeth themselves.

When hypoplastic teeth, the enamel of which is imperfectly formed, occur, they are frequently present in mouths showing jaw deformity.

In cases showing malformation of both jaws *and teeth*, a history of (a) Rickets, or (b) some respiratory disease during early infancy (*e.g.* bronchial catarrh, pneumonia), often complicated by the presence of adenoids or the enlargement of tonsils, or both; or (c) a combination of (a) and (b) is usually obtained.

The development not only of the jaws but also of the unerupted permanent teeth (incisors and first molars), is temporarily arrested or altered during the course of the disease, and, in consequence, jaw deformity and crowded, hypoplastic teeth appear, although no chronic nasal obstruction need necessarily have ever been present.

The causation of rickets is generally recognised to be defective hygienic conditions, especially regarding food and air supply. Such cases can therefore occur in any locality, and undoubtedly form a small proportion of the cases observed. It would also seem reasonable to assume that the defective air supply could be in some cases partly accounted for by chronic nasal obstruction, and so could be considered in respect to local conditions.

I have in some former Health Reports given brief accounts of the geology of Norfolk, indicating that of various strata, we find near the surface (1) Kimmeridge clay (the oldest formation in Norfolk), in the West; (2) the chalk (including greensand and gault) in the centre; (3) more recent Pliocene deposits (Norwich crag, clay, etc.). Overlying these in all parts are found (4) glacial deposits of varying thickness (1 to 100 feet). From Swaffham eastwards the chalk dips, being overlaid in the East by the Pliocene and Glacial deposits, but not far from the surface in some places.

In addition to the above, alluvial beds are deposited by rivers along their courses (consisting of clays, marls, sands and gravels).

Mr. Millican making note of the geology of Norfolk proceeds thus, roughly, Norfolk is divided by a North and South line from Weybourne into (a) Western portion on chalk; (b) Eastern portion on Pliocene (Norwich crag series), traversed by rivers and containing the Broads.

The natural drainage of a locality depends chiefly on :—

(1) Altitude.

(2) Local geological formation. If on clay (impervious to water), the drainage is poor. If on limestone, chalk, sands and sandstones (pervious to water), the drainage is good.

(3) The “dip” of the strata, that is, whether the beds lie flat or in a horizontal plane or have, by subsequent earth movement, become tilted at an angle with the horizontal. A stratum of clay will prevent, if lying horizontally, water from soaking away, whereas if the bed were lying at a substantial angle the water would tend to find the lowest level by flowing along the plane of stratification. In Central and East Norfolk, the general tendency of the strata is to lie on a plane gently inclining downwards to the East. Thus, if locality has any influence on health generally, and nasal catarrh in particular, the following factors must be considered: (1) altitude; (2) local geological formation and the resultant natural drainage.

To this end over ten thousand children attending schools situated in North, Central and East Norfolk were examined for jaw deformity and the statistics so obtained were compared with local geological conditions.

Results are given in tables and shewn in maps, which it is hoped will be reproduced in a scientific journal.

With very few exceptions it will be noted that the higher percentages of jaw deformities were found in the damp, clayey, low lying localities, and the lowest percentages in places situated on chalk, sand or gravel at a higher altitude.

In all, Mr. Millican gives results of his observations on Jaw Deformities in 118 localities, of these 54 were lying directly over the chalk and 64 were lying over the more recent Pliocene and Pleistocene systems. Summarising the full particulars which he adduces for each locality, it is noted that of the 54 Cretaceous (chalk) localities, Jaw deformities observed were 10 (or under) per cent. in 37 localities, 10-15 per cent. in 15, 15-20 per cent. in only two localities.

While of the 64 Pliocene localities the percentages were in the reverse order, only two localities shewing less than 10 per cent. of jaw deformity, 10 localities shewing 10 to 15 per cent., while no fewer than 52 localities shewed 15 to 20 per cent or more (4 of these localities were over 20 per cent.)

Mr. Millican has reduced these results to percentages as shewn in his last table, which I reproduce.

NUMBER OF LOCALITIES IN GROUP.					
Geological Area.	Jaw Deformities.				
	10% or under.	10-15%	15-20%	over 20%	Total.
Cretaceous	... 68.5	27.6	3.9	—	100
Pliocene	... 3.	16.	75.	6.	100

The Board of Education, on 27th December, 1923, issued Circular No. 1321, modifying the official Tables required to be compiled by School Medical Officers. The Board indicated that they would welcome the returns for 1923 on the revised tables, and I have been able to comply with their request.

TABLE I.—NUMBER OF CHILDREN INSPECTED 1st JANUARY, 1923, TO 31st DECEMBER, 1923.

A.—Routine Medical Inspections.

Number of Code Group Inspections—

Entrants	...	...	...	...	4472	
Intermediates	4879	
Leavers	5093	
TOTAL	—	14444

Number of other Routine Inspections	989	
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B.—Other Inspections.

Number of Special Inspections	2322	
Number of Re-inspections	7256	
				—	10567
TOTAL	...	...	...	...	25011

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended
31st December, 1923.

Defect or Disease.	Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation but not requiring Treat- ment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treat- ment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	151	12	7	...
Uncleanliness (See Table IV., Group V.)	91	12	18	...
Skin—				
Ringworm—				
Scalp	9	17	8	6
Body	8	1	5	1
Scabies	21	1	4	...
Impetigo	48	1	25	2
Other diseases (non-Tubercular) ...	16	3	6	...
Eye—				
Blepharitis	173	13	44	...
Conjunctivitis	8	1	1	...
Keratitis	2	...	...	...
Corneal Opacities ... ..	...	...	...	1
Defective Vision (excluding Squint) ...	790	655	34	22
Squint	46	15	4	2
Other Conditions	9	7	2	...
Ear—				
Defective Hearing	4	7	2	1
Otitis Media	4	1	2	...
Other Ear Diseases	55	4	12	...
Nose and Throat—				
Enlarged Tonsils only	224	335	10	9
Adenoids only	59	59	8	3
Enlarged Tonsils and Adenoids ...	39	30	9	3
Other Conditions	126	205	31	59
Enlarged Cervical Glands (Non-Tubercu- lar)	43	25	6	...
Defective Speech	7	4	1	...
Teeth—Dental Diseases (See Table IV., Group IV.)	...	...	...	...
Heart and Circulation—				
Heart Disease:				
Organic ... ..	...	2	...	...
Functional	15	122	4	5
Anaemia	122	16	18	...

TABLE II.—Return of Defects (*continued*).

Defect or Disease.	Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.
(1)	(2)	(3)	(4)	
Lungs—				
Bronchitis	29	9	5	...
Other non-Tubercular Diseases ...	27	30	4	4
Tuberculosis—				
Pulmonary:				
Definite ... ..	...	...	...	...
Suspected	62	12	11	2
Non-Pulmonary:				
Glands	21	4	3	...
Spine	1	...	...	...
Hip	3	1	2	...
Other Bones and Joints	4	1	1	...
Skin ... ..	...	...	...	...
Other Forms	6	1	2	1
Nervous System—				
Epilepsy ... ..	...	5	2	4
Chorea ... ..	...	2	...	...
Other Conditions	3	6	...	...
Deformities—				
Rickets	14	4	...	...
Spinal Curvature	2	...	...	...
Other Forms	30	8	3	3
Other Defects and Diseases	229	142	74	33

TABLE II.—Return of Defects (*continued*).

B.—Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

Group.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
(1)	(2)	(3)	(4)
CODE GROUPS:			
Entrants	4472	590	13.19
Intermediates	4879	897	18.38
Leavers	5093	773	15.18
TOTAL (Code Groups)	14444	2260	15.65
Other Routine Inspections	989	146	15.80

**TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN
IN THE AREA IN 1923.**

			Boys.	Girls.	Total.
Blind (including partially blind)	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind ...	8	2	10
		Attending Public Elementary Schools ... ..	...	...	...
		At other Institutions ...	...	...	...
		At no School or Institution...	...	1	1
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind ...	...	...	...
		Attending Public Elementary Schools ... ..	...	...	...
		At other Institutions ...	...	...	...
		At no School or Institution...	...	...	...
Deaf (including deaf and dumb and partially deaf)	(i) Suitable for training in a School or Class for the totally deaf or deaf & dumb.	Attending Certified Schools or Classes for the Deaf ...	13	15	28
		Attending Public Elementary Schools ... ..	...	...	...
		At other Institutions ...	...	...	...
		At no School or Institution...	...	5	5
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ...	5	...	5
		Attending Public Elementary Schools	1	...	1
		At other Institutions ...	...	...	...
		At no School or Institution...	...	...	..
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority)	Attending Certified Schools for Mentally Defective Children ... ..	...	...	...
		Attending Public Elementary Schools	83	58	141
		At other Institutions ...	...	...	..
		At no School or Institution...	31	18	49*
	Notified to the Local Control Authority during the year.	Feeble-minded ... ..	...	...	...
		Imbeciles	4	4	8
		Idiots	3	1	4
Epileptics.	Suffering from severe Epilepsy.	Attending Certified Special Schools for Epileptics ...	...	...	...
		In Institutions other than Certified Special Schools ...	...	...	...
		Attending Public Elementary Schools	2	...	2
		At no School or Institution...	6	2	8
	Suffering from Epilepsy which is not severe.	Attending Public Elementary Schools	15	12	27
		At no School or Institution...	...	...	...

**TABLE III.—NUMERICAL RETURN OF ALL EXCEPTIONAL
CHILDREN** (*continued*).

			Boys.	Girls.	Total.
Physically Defective.	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	...	1
		At other Institutions ...	...	...	...
		At no School or Institution...	...	...	...
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	11	7	18
		At Certified Residential Open-Air Schools ... ..	...	...	...
		At Certified Day Open-air Schools ... ..	...	...	...
		At Public Elementary Schools	2	...	2
		At other Institutions ...	...	...	...
		At no School or Institution...	2	...	2
	Delicate children (<i>e.g.</i> pre or latent tuberculosis, malnutrition, debility, anaemia, etc.)	At Certified Residential Open-air Schools (Sana- torium School)	12	6	18
		At Certified Day Open-air Schools ... ..	...	...	...
		At Public Elementary Schools	48	39	87
		At other Institutions ...	...	...	...
		At no School or Institution...	40	41	81
	Active non- pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	4	2	6
		At Public Elementary Schools	1	1	2
		At other Institutions ...	...	...	...
		At no School or Institution...	4	4	8
	Crippled chil- dren (other than those with active tuberculous disease), <i>e.g.</i> , children suf- fering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools	...	...	...
		At Certified Residential Cripple Schools ... ..	...	...	...
		At Certified Day Cripple Schools ... ..	...	...	...
		At other Institutions ...	...	...	...
		At Public Elementary Schools	18	27	45
		At no School or Institution...	21	24	45

*Includes 36 children between 14 and 16 years of age.

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE
YEAR ENDED 31st DECEMBER, 1923.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V.)

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme*.	Otherwise.	Total.
(1)	(2)	(3)	(4)
Skin—			
Ringworm—Scalp	419	—	419
Ringworm—Body	125	—	125
Scabies	17	—	17
Impetigo	744	—	744
Other Skin Disease	227	2	229
Minor Eye Defects (External and other, but excluding cases falling in Group II.)	310	20	330
Minor Ear Defects	128	—	128
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.)	1802	—	1802
TOTAL	3772	22	3794

*Includes children treated in School and at home by the School Nurses, the treatment being continued by the children's parents between the visits of the Nurse.

TABLE IV.—RETURN OF DEFECTS (*continued*).

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect of Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by Private Practitioner or at Hospital, apart from the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint). (Operations for squint should be recorded separately in the body of the Report)				
Outstanding prior to 1923 ...	242	9	22	
1923	644	17	40	
Total	886	26	62	974
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	—	—	5	5
TOTAL	886	26	67	979

Total number of children for whom spectacles were prescribed:—

(a) Under the Authority's Scheme	790
(b) Otherwise	81

Total number of children who obtained or received spectacles:—

(a) Under the Authority's Scheme	718
(b) Otherwise	81

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.				Total Number Treated.
Received Operative Treatment.			Received other Forms of Treatment.	
Under Local Education Authority's Scheme-Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
(1)	(2)	(3)	(4)	(5)
		Outstanding prior to 1923		
57	102	159	3	162
		1923		
24	55	79	9	88
Total 81	157	238	12	250

TABLE IV.—RETURN OF DEFECTS *(continued)*.

Group IV.—Dental Defects.

Period—January 1st to 31st December, 1923.

1. Number of Children who were

(a) Inspected by Dentists—

Routine Age Groups.										Total.
5	6	7	8	9	10	11	12	13	14	
115	1109	2737	2860	2942	3172	2747	1333	1179	883	19077
(b) Referred for Treatment					...	...	...	...	...	13120
(c) Actually Treated					...	...	...	...	...	6431
(d) Re-treated*					...	...	...	...	...	3772

*Included in (c).

2. Particulars of Time given and of Operations undertaken:—

1	Number of half-days devoted to Inspection	}	...	...	a1690
2	Number of half-days devoted to Treatment				
3	Total Number of attendances made by Children			...	9524
4	Fillings—Permanent Teeth	...	...	...	2566
	,, Temporary	...	...	...	2155
	Total Number of Fillings	...	...	...	4721
5	Extractions—Permanent Teeth	...	...	...	768
	,, Temporary Teeth	...	...	...	10798
	Total Number of Extractions	...	...	...	11566
6	Number of administrations of General Anaesthetics included in (4) and (6)	...	...	...	29
7	Number of other Operations—Permanent Teeth	...	...	...	1247
	,, ,, ,, Temporary Teeth	...	...	...	5070

aAs Clinics are travelling ones, visiting in the main small Schools, it is not possible to separate time for inspections from time occupied by treatment.

Group V.—Uncleanliness and Verminous Conditions.

(i)	Average number of Visits per School made during the year by the School Nurses	...	...	...	...	6.5
(ii)	Total number of Examinations of Children in the Schools by School Nurses	...	...	...	...	160,647
(iii)	Number of individual children found unclean	...	...	...	...	6,208
(iv)	Number of children cleansed under arrangements made by the Local Education Authority	...	...	...	...	Nil.
(v)	Number of cases in which legal proceedings were taken:					
	(a) Under the Education Act, 1921	...	...	...	...	Nil.
	(b) Under School Attendance Bye-laws	...	...	...	...	37

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres).

**TABLE I.—RETURN OF MEDICAL INSPECTIONS, 1st JANUARY,
1923, TO 31st DECEMBER, 1923.**

A.—Routine Medical Inspections.

Number of Code Group Inspections—

Entrants.	...	...	...	...	...	...	406
Yearly examinations			758
Leavers	68
TOTAL		1232

Number of other Routine Inspections	80
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B.—Other Inspections.

Number of Special Inspections	13
Number of Re-inspections	276
TOTAL	...	...	...	...	1601

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres).

TABLE II.

**A.—Return of Defects found by Medical Inspection in the Year ended
31st December, 1923.**

Defect or Disease.	Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation but not requiring Treat- ment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treat- ment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	15	...	...	...
Skin—				
Impetigo	1	...	...	...
Eye:—				
Blepharitis	6	..	...	...
Defective Vision (excluding Squint) ...	57	25	1	...
Squint	1	...	...	...
Other Conditions	1	1	...	...
Ear—				
Defective Hearing	2	1	...	...
Other Conditions	7	...	...	...
Nose and Throat—				
Enlarged Tonsils only	10	9	...	...
Adenoids only	1	..	...	...
Enlarged Tonsils and Adenoids ... ..	...	1	...	...
Other Conditions	11	4	1	...
Enlarged Cervical Glands (Non-Tubercu- lar) ... ..	...	1	...	...
Defective Speech	1	...	...	...
Teeth—Dental Diseases	209	293	...	...
Heart and Circulation—				
Heart Disease:				
Functional	2	5	...	...
Anaemia	1	1	2	...
Lungs—				
Other Non-Tubercular Diseases ...	1	...	...	...

TABLE II.—Return of Defects (continued).

Defect or Disease.	Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation but not requiring Treat- ment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treat- ment.
(1)	(2)	(3)	(4)	(5)
Tuberculosis—				
Non-Pulmonary:				
Glands	1	...	...	...
Hip	1	..	...	...
Nervous System—				
Other Conditions ... ..	...	1	...	...
Deformities—				
Spinal Curvature	1	1	...	...
Other Forms	9	4	...	...
Other Defects and Diseases	16	12	3	...
Catamenia ... ..	...	3	1	...

B.—Number of Individual Children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

Group.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
(1)	(2)	(3)	(4)
CODE GROUPS:			
Entrants	406	125	30.79
Intermediates	758 (Yearly examinations)	182	24.01
Leavers	68	12	17.65
TOTAL (Code Groups)	1232	319	25.89
Other Routine Inspections	80	10	12.5

